

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51		1							
2	1						52		5							
3	1						53		0							
4		3					54	1								
5		3					55	1								
6		3					56		2							
7		3					57		2							
8		0					58		2							
9		0					59		0							
10		0					60		0							
11		1					61		0							
12		1					62	1								
13		3					63	1								
14	1						64	1								
15	1						65	1								
16	1						66									
17		3					67									
18		3					68									
19		3					69									
20		3					70									
21		0					71									
22		0					72									
23		0					73									
24		0					74									
25		0					75									
26		0					76									
27	1						77									
28	1						78									
29	1						79									
30		3					80									
31		3					81									
32		3					82									
33		3					83									
34		0					84									
35		0					85									
36		0					86									
37		0					87									
38		0					88									
39		0					89									
40	1						90									
41		1					91									
42		1					92									
43		1					93									
44		1					94									
45		5					95									
46		0					96									
47	1						97									
48		1					98									
49		1					99									
50		1					100									
TOTAL IND.	17						TOTAL IND.	17								
TOTAL DEP.							TOTAL DEP.									
TOTAL CLAIMS							TOTAL CLAIMS									